

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and

I believe I am an original, first and ☐ joint ☒ sole inventor of the subject matter which is claimed a for which a patent is sought on the invention entitled:

LIGHT THERAPY EQUIPMENT

described and claimed in

☒ the attached specification, Attorney Docket No. A2-1500.
☐ the specification filed _____, as U.S. Application Serial No. _____ and amended _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including claims as filed and as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I appoint: **Gary M. Hartman, Reg. No. 33,898**
Domenica N.S. Hartman, Reg. No. 32,701

as my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to: **(219) 462-4999**

Address all correspondence to: **Hartman & Hartman, P.C.**
552 East 700 North
Valparaiso IN 46383

I further declare that all statements made herein of my own knowledge are true and that all statements made of information and belief are believed to be true; and further that these statements were made with the knowledge willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

(1) Inventor's Signature: 
Inventor's Full Name: **George J. Vlahos**
Inventor's Residence: **8549 Heather Court, St. John, Lake County, Indiana 46373**

Date: June 3, 200
Citizenship: Greece